

2017 APPLICATION TO OPERATE A MOBILE FOOD UNIT/COMMISSARY

PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

Name of Mobile Unit:			
Owner Name:			
Mailing Address:		City:	ZIP Code:
Daytime Phone:	Email:		
Name of Commissary:			
Commissary Address:		City:	ZIP Code:
Mobile Unit Operating Loca	tion:	City:	ZIP Code:
Circle all that apply: Permit Renewal	Change of Ownership	Change of mailing add	dress
Classification Change: 67	Permit Number: PR		
Change of Commissary (\$2	25 fee) Previous Commissary N	ame/Address	
Change of Business Name	/ Previous Business Name:		
Notice : By signing this form	n, you attest to the accuracy of the i		
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Effective 3/21/17 - 12/31/17

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$380	6702 - \$576	6703 - \$819
General Food Service- 13-50 seats	6711 - \$380	6712 - \$615	6713 - \$868
General Food Service- 51-150 seats	6721 - \$380	6722 - \$615	6723 - \$947
General Food Service- 151-250 seats	6731 - \$380	6732 - \$753	6733 - \$1,049
General Food Service- over 250 seats	6741 - \$390	6742 - \$822	6743 - \$1,158
Limited Food service- no permanent plumbing	6757 - \$380	NA	NA
Bakery- no seating	6751 - \$452	6752 -\$540	6753 -\$795
Bed and Breakfast	6761 - \$379	NA	NA
Grocery Store- no seating	6765 - \$371	6766 - \$687	NA
Caterer	6771 - \$493	6772 - \$640	6773 - \$795
Meat/Fish Market	NA	NA	6777 - \$827
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$519	6782 - \$830	6783 - \$1,070
Nonprofit Institution - unlimited seating, 501 (C)(3) status,	6735 - \$380	6736 - \$576	6737 - \$819
Washington State Commission for the blind status, or			
municipal jail.			
School Lunch Program	NA	6792 - \$578	NA

^{*}An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

New Construction	4 hour base fee (\$860) + \$215/hr after 4 hours
Remodel	3 hour base fee (\$645) + \$215/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$645) + \$215/hr after 3 hours
Resubmitted plan review-billable	\$215/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$430) + \$215/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$430 +\$215/hr after 2 hours

PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

"Seasonal food establishment" means a food establishment that routinely operates for less than twelve consecutive months each year.

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Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$215/hr
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

MAKE CHECKS PAYABLE TO: SKCDPH

MAIL TO: Public Health - Seattle & King County

Downtown Environmental Health 401 - 5th Avenue, Suite 1100

Seattle, WA 98104

PERMITS AND LICENSES PHONE: 206-263-9566 Fax- 206-296-0189

WEBSITE: http://www.kingcounty.gov/health/foodsafety